## Information Disclosure Request

## **Minnesota Government Data Practices Act**

Name (Last, First, MI)	Date of Request	8
Street Address	Phone Number	si s
City, State, Zip	Email	4
to mail you copies of data, we will need son not understand your request and need to g information we will not be able to begin pro	ocessing your request until you contact us.	ı want (
Description of Information requested: (atta	ch additional sheets if necessary)	
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I am requesting access to data in the follow	ving way:	
Note: inspection is free but we charge for co	opies.	
InspectionCopiesBoth Ins	pection and copies	

Information Classified	of Trimont Handled by As: te Confidential	
Action:ApprovedAppr	oved in part (explain below)Denied (explain below)	
Remarks or basis for de	nial including MN Statue if applicable:	
Charges:NonePhotocopy:Pages xCents=_	Identity verified for Private Informationldentification: Drivers License, EtcOther	
Special Rate Explanation Other		
Authorized Signature	Date	